

EXHIBIT 77

CaptionCall Installer Invoice

Appointment Date/type		Install		Service Call		Time					
Installer Name (Area)				Activity #							
Name				Date received							
Address				Home Phone							
City/Zip				Work or Cell							
Email				Alternate #							
Referred by			Phone		Email						
Type of Residence		Requirements		Wears Hearing Aids		Gender & Age		Employed		Former CapTel User	
Single Family Home		Hard of Hearing		Yes (1 or 2)		Male		Yes		Yes	
Apartment		Analog phone jack		Cochlear Imp		Female		No		No	
Retirement Home		Broadband Internet		No		AGE					
Year Round Resident											
Other Home											
Number of people Living in household		Number of Children									
Notes by Installer											
Features customer would like for future model:											
Equipment Installed		MAC ID			Router OR Switch		Internet Provider		Wired OR Wireless		
NEW REFERRAL						Home Phone					
Address						Work or Cell					
City/Zip						Email					
Not Interested: No Analog Line No High Speed Can't Afford Price (too expensive) Chose a Competitor Doesn't Like Captioning Doesn't Need Captioning Missing Features (list features) Not Hard of Hearing Disqualified Other (list reason)								Promo Code	Mileage	Hours	